

09/607,815

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PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

72255/02682

CLAIMS AS FILED - PART I					SMALL ENTITY		OR		OTHER THAN SMALL ENTITY	
(Column 1)					(Column 2)					
FOR	NUMBER FILED	NUMBER EXTRA			RATE	FEE			RATE	FEE
BASIC FEE (37 CFR 1.14(a))						\$	OR			\$
TOTAL CLAIMS (37 CFR 1.18(a))	32	minus 20 =	12		x \$	0.00	OR		x \$	\$800.00
INDEPENDENT CLAIMS (37 CFR 1.14(b))	7	minus 3 =	4		x	\$0.00	OR		x	\$800.00
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.14(c))					+	\$0.00	OR		+	0.00
					TOTAL	\$0.00	OR		TOTAL	\$1,400.00

* If the difference in column 1 is less than zero, enter "0" in column 2.

CLAIMS AS AMENDED - PART II					SMALL ENTITY		OR		OTHER THAN SMALL ENTITY			
(Column 1)					(Column 2)							
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR			PRESENT EXTRA	RATE	ADDITIONAL FEE			RATE	ADDITIONAL FEE	
Total (37 CFR 1.18(a))	24	Minus	32		=	0	x \$	\$0.00	OR		x \$	\$0.00
Independent (37 CFR 1.18(b))	7	Minus	7		=	0	x	\$0.00	OR		x	\$0.00
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.14(c))					+	\$0.00	OR		+	0.00		
					TOTAL	\$0.00	OR		TOTAL	\$0.00		

CLAIMS AS AMENDED - PART II					SMALL ENTITY		OR		OTHER THAN SMALL ENTITY			
(Column 1)					(Column 2)							
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR			PRESENT EXTRA	RATE	ADDITIONAL FEE			RATE	ADDITIONAL FEE	
Total (37 CFR 1.18(a))	24	Minus	32		=	0	x \$	\$0.00	OR		x \$	\$0.00
Independent (37 CFR 1.18(b))	7	Minus	7		=	0	x	\$0.00	OR		x	\$0.00
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.14(c))					+	\$0.00	OR		+	0.00		
					TOTAL	\$0.00	OR		TOTAL	\$0.00		

CLAIMS AS AMENDED - PART II					SMALL ENTITY		OR		OTHER THAN SMALL ENTITY			
(Column 1)					(Column 2)							
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR			PRESENT EXTRA	RATE	ADDITIONAL FEE			RATE	ADDITIONAL FEE	
Total (37 CFR 1.18(a))	22	Minus	32		=	0	x \$	\$0.00	OR		x \$	\$0.00
Independent (37 CFR 1.18(b))	7	Minus	7		=	0	x	\$0.00	OR		x	\$0.00
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.14(c))					+	\$0.00	OR		+	0.00		
					TOTAL	\$0.00	OR		TOTAL	\$0.00		

* If the entry in column 1 is less than the entry in column 2, enter "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.
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